



## COVID-19 response WASH lessons learned India

### SUMMARY

- As of 31 January 2021, there have been 10.75 million positive cases, and 154,392 deaths across the country.
- UNICEF has supported various states in reaching an estimated 40 million beneficiaries with hygiene messages, WASH services, and supplies in partnership with government, NGOs, and the private sector (via corporate social responsibility initiatives) as of November 2020.
- As the COVID-19 response was led by the health sector, not all actors had expertise on handwashing and hygiene or consulted WASH agencies. It took time to include WASH agencies into the COVID-19 response. Given the health-led response by government, other line ministries took time to understand and take up their roles and responsibilities, requiring advocacy.

### Context

The COVID-19 pandemic spread to India when its first case, in Kerala, was confirmed on 30 January 2020. As of 31 January 2021, there have been 10.75 million positive cases and 154,392 deaths across the country. On 24 March 2020, Prime Minister Narendra Modi announced a 21-day national lockdown to contain the pandemic which was further extended until the end of May, generating a massive urban to rural exodus with millions of migrants desperately trying to return home; thousands were seen walking or bicycling hundreds of kilometers to go back to their native villages.

UNICEF has supported various states in reaching an estimated 40 million beneficiaries with hygiene messages, WASH services, and supplies in partnership with government, NGOs, and the

private sector (via corporate social responsibility initiatives) as of November 2020. UNICEF has, at the central-level and in states, provided technical support to the government in planning, capacity building, implementation of COVID-19 activities, behavior-change communications as well as the development/dissemination of protocols on safety practices.

### Response

#### **Strategy/Approach taken by Country Office:**

**Rapid Assessments:** Delhi and 13 state office teams have led and contributed to multiple rapid assessments, especially during the beginning of the response period when information was required to identify urgent needs. UNICEF staff members in Bihar, Gujarat, Uttar Pradesh (UP),

and Chhattisgarh conducted WASH assessments in health care facilities (HCFs) and quarantine centers. The findings have informed the development of state WASH protocols. Other states, such as Assam, Rajasthan, and Odisha, conducted assessments at households, as well as intermediary and temporary medical camps, which helped inform state planning. UNICEF supported Rapid Needs Assessments on migrants and shelter camps in Maharashtra, Odisha, UP, and Gujarat. The findings were used to support the state to develop a real-time shelter management protocol. Odisha and West Bengal led a detailed study to understand the disruption of basic WASH services in urban slum settlements, supporting the COVID response. Similarly, Gujarat partnered with IIT Gandhinagar to conduct a wastewater epidemiology study, which will support the states to monitor caseloads in urban settlements.

**Handwashing:** UNICEF supported the installation of around 15,805 handwashing stations in rural communities and shelter camps, which inspired local governments to scale up this initiative with their own resources. UNICEF provided technical support to state-level PHED water quality laboratories on the production of hand sanitizers in multiple states, and trained Self-Help Groups (SHGs) on local soap production. UNICEF's compendium of handwashing designs, including foot-operated handwashing station designs, has been particularly successful and translated into local languages, inspiring local producers to start producing and installing these designs.

**Water Supply:** UNICEF Jharkhand supported the government in ensuring an uninterrupted supply of water to households, quarantine facilities, rural communities, and shelter camps. In UP, Madhya Pradesh (MP), and Bihar, UNICEF provided technical support to ensure that handpumps remain functional and promoted social distancing nudges (e.g. white circles around handpumps) at community water points in multiple states.

**People on the move:** In Maharashtra UNICEF WASH colleagues coordinated the humanitarian

response to migrants and launched a collaborative platform (named *Jeevan Rath*) of 75 partners and over 1,000 volunteers that distributed food, hand-hygiene materials, sanitary napkins, footwear, water, basic medical support, etc. in Mumbai. WASH colleagues in Andhra Pradesh, Karnataka, Telangana, Chhattisgarh, Odisha, MP, and UP also supported addressing migrant populations' needs, including setting up protocols for temporary camp management; developing mobile applications aiming to map migrant skills to ongoing needs in home states; and providing necessary hygiene kits and food rations to people on the move.

**Schools:** UNICEF provided technical support for the preparation of guidelines on the reopening of schools in seven states. At a national level, the UNICEF WASH section supported the Ministry of Education (MoE) in developing the Safe School Protocol (SSP). In multiple states (e.g. Tamil Nadu, Bihar, Gujarat, Maharashtra) UNICEF oriented block officials, teachers, state/district functionaries, principals, wardens of tribal residential schools, and vulnerable schoolchildren through online channels. Where schools were used as quarantine and isolation centers, UNICEF advocated for deep cleaning and disinfection. Jharkhand developed reopening protocols that were distributed to over 150,000 teachers, and Gujarat developed online e-modules to train and certify teachers on reopening protocols. National IEC materials for COVID Responsive Behaviours (CRB) in schools have also been developed for the MoE and a national training toolkit on SSPs is being converted to online modules.

**Monitoring:** UNICEF supported states and districts by establishing trackers for monitoring WASH services and supplies. State-wide, real-time, monitoring systems (using Rapid Pro) collected feedback from sanitation cadres such as Swachhagrahis and Jalsurakshaks (over 55,000) in Maharashtra and affected communities as well as migrants in UP. A dashboard was created to help state government visualise the data and

strengthen the role of functionaries (in Maharashtra).

**Trainings:** All 15 UNICEF-supported states have provided training to almost 800,000 community service providers to date on the continuity of WASH services and WASH aspects of COVID-19 prevention. UNICEF has supported extensive capacity building and mobilization of Swachhagrahis, Panchayati Raj institutions (PRIs), SHGs, frontline workers (GLWs), and CSO volunteers who have contributed to promoting hygiene messages reaching urban, rural, and remote tribal populations. This has been done through multiple online mediums including the COVID-19 Academy, a joint initiative by SPHERE India and supported by UNICEF. In UP 260,000 outreach workers were trained with the support of the WASH section; the government has since been able to track their outreach activities on a daily basis. These workers have reached more than 20 million people in urban areas with COVID-19 prevention messages.

**Advocacy:** UNICEF successfully advocated with the Government of India (via the Department of Drinking Water and Sanitation, Ministry of Jal Shakti) for the issuance of guidance for the 'continuity of work for sanitation and hygiene activities during lockdown in rural areas under Swachh Bharat Mission (SBM) Open Defecation Free (ODF)+' as well as for the safety of sanitation workers. Importantly, these advisories granted the authorization to state governments to use part of the programme budgets for COVID-sensitive and COVID-specific interventions.

**Results achieved:**

- In partnership with government, NGOs, and CSR critical WASH services ranging from water and sanitation facilities to hygiene supplies (such as sanitizers, soaps, etc.) were provided to over 4.3 million vulnerable communities in villages, quarantine centers, and migrant camps/people on the move in multiple

states (e.g. MP, Maharashtra, Chhattisgarh, Telangana, Jharkhand).

- The Ministry of Jal Shakti (MoJS) was supported to develop guidance on social distancing post-lock down as well as guidance on the safety and use of PPE for sanitation workers.
- Partnerships with corporations (like Hindustan Unilever Limited, Godrey, and RSPL) boosted the provision of critical WASH supplies (about 11 million bars of soap and 800,00 hand sanitizers) for states. The UNICEF State Office in Maharashtra leveraged more than 250,000 USD for WASH essentials and medical equipment from corporates. The UNICEF Jharkhand Office established a partnership with Rotary Jharkhand to build handwashing stations in schools as part of the Safe School Protocol.
- UNICEF state offices in Jharkhand and Bihar have supported the installation of touch-free handwashing stations at HCFs, public spaces, and quarantine facilities. In UP, UNICEF advocacy led to the installation of three, new, piped water supply schemes in districts as well as the disinfection of 1,819 hand pumps located around temporary shelters and quarantine centers.

## Learning

**Challenges and constraints:**

- As the COVID-19 response was led by the health sector, not all actors had expertise on handwashing and hygiene or consulted WASH agencies. It took time to include WASH agencies into the COVID-19 response. Given the health-led response by government, other line ministries took

- time to understand and take up their roles and responsibilities, requiring advocacy.
- Accessing government data on the WASH situation (including WASH in health care facilities) was a challenge, partly due to the sensitivity of the data as well as challenges in collecting the data given COVID-related restrictions. UNICEF conducted baselines in April and May to collect data for evidence-based decision making. However, there needs to be follow up surveys to reassess the situation. In settings such as health facilities, teams used assessment tools approved by the government rather than the detailed WASH assessment tools that they would otherwise have used.
- Gaps in the WASH-related response included reaching people with disabilities and supporting supply chains for affordable sanitary products to manage menstrual hygiene (including making them available at distribution points given that schools and Anganwadis were closed). Newspaper reports of people drinking alcohol-based hand sanitiser meant distributing such supplies to slums and schools had to stop, and hand soap had to be promoted more rigourously.
- A number of states were affected by flooding and cyclones during their COVID-19 response, including Odisha, West Bengal, Assam, and Bihar. In Assam, UNICEF developed guidelines for managing flood relief camps in the context of COVID-19. On the other hand, water management interventions were required in some places due to an impending water shortage in large parts of India.

## LESSONS LEARNT

- *Given the limitations of lockdown and the urgent need for protective equipment as well as continued access to WASH services, state programmes (such as Jeevika - Bihar Rural Livelihoods Project and Maharashtra State Rural Livelihoods Mission) started to produce cloth-based masks, hand sanitisers, and disinfectants. National sanitation and water supply campaigns (Swachh Bharat Mission and Jal Jeevan Mission) were leveraged for budget to support the COVID-19 WASH response. Human resources such as Swachhagrahis (sanitation foot soldiers) and Gram Panchayat members were also mobilised to disseminate prevention messages. The participation of women, especially for hygiene promotion at the community level, supported overall Risk Communication and Community Engagement. Mobilising local resources for a quick response without regret was needed for COVID-19 prevention and control.*
- *Partnerships with corporations have supported supplies for handwashing stations such as soaps and sanitisers. This could be developed further with additional partners, especially now that systems are in place to mobilise supplies more quickly.*
- *Building the capacity of various frontline workers from different sectors (health, education, nutrition, and so on) on the same key messages linked to COVID-19 prevention and control has the potential to promote greater convergence, integration, and multi-sectoral collaboration in the future.*
- *While documentation and evidence generation were invested in in a consistent manner through India's central Knowledge Management and Social Policy, Monitoring and Evaluation structures, there needs to be more Country Office investment in conducting follow-ups and 'end-line' assessments, even in the absence of government requests to do so. The quality and coherence of rapid needs assessments can also be invested in further. This can help ensure that the analysis of assessment reports across states and against existing baseline data can be done to understand the impact of the disruption of services after a pandemic or disaster across different geographies and across time.*

## Additional resources:

- 'Highlights of UNICEF India WASH COVID-19 Response and Programming Newsletter,' [Link](#).
- UNICEF India's WASH's Youtube Channel: [Link](#).
- PECONet, Maharashtra's coordination group made of 100+ organisations responding to the daily needs and demands on the ground, including running campaigns such as *Jeevan Rath*: <https://mahac19peconet.org/>.

## About the Authors

*Contact person:* Nicolas Osbert, WASH Chief ([nosbert@unicef.org](mailto:nosbert@unicef.org)).